

Instructions for Online Portal Use


1. Go to fars.montgomerycountymd.gov.




2. Locate the correspondence you received and find your registration number and invoice number (Page 1 (front) of the renewal or Page 2 (back) of the invoice, bottom of the page):

Renewal Example:

	Due Date	Charge	Previous Balance	Amount Owed
Renewal Fee				


Registration No.: R00123456 

Invoice # 1234567 

Remit To: False Alarm Reduction Section, Dept of Police
P.O. Box 83399
Gaithersburg, MD 20883-3399

Amount Enclosed _____

Invoice Example:

Registration No: R00123456 

Invoice: 1234567 

Remit To: False Alarm Reduction Section, Dept of Police
P.O. Box 83399
Gaithersburg, MD 20883-3399

This Amount \$ 0.00

Total Outstanding \$ 0.00

Payment _____

3. Enter your registration number in the account number field: RXXXXXXXXX (Will begin with R or C followed by 8 digits)
4. Enter your password OR latest invoice number in the password field: 1234567

Already have an Account? Sign-in Here.

Account #

Password/Invoice Password or Invc Submit

Note: If you do not remember your password AND you cannot locate your invoice number, enter your registration number in the Account # field, tab out, and you will see this option to have a password emailed to you. **If you do not have an email on file, this option will not appear.**

Already have an Account? Sign-in Here.

Account # R00000000

Password/Invoice Password or Invc Submit

Click **HERE** to have a reset password emailed to you.

You will receive a temporary password to your email on file. Go back to the sign on screen above and enter your registration number and temporary password. You will then see this screen after clicking submit.

Change Password

Your password has been reset.
You must change your password at this time.

Current Password

New Password

Retype Password

Submit

Password Requirements

- At least 8 characters in length
- 1 or more UPPER CASE characters
- 1 or more lower case characters
- 1 or more numbers 0-9
- 1 or more special characters ! @ # \$ % ^ * () -

Close

5. Review/Update all of your account information. Click here to access to update.



Home	Update	History	Pay Online
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General Information

Account#
Name

Alarms
Owed

6. Review each section and update, as necessary, to include: **your contacts** (this should be two people OTHER THAN the owners who can respond in case the police cannot get in touch with the owners) AND ensure your **alarm company** and **monitoring company** information is current. NOTE: Anything that is in a locked field below the tab can not be changed/alterd online.

Alarmed Location	
Location Type	<input type="text" value="Residential"/>
Name (Last, First)	<input type="text"/> <input type="text"/>
Str # and Street	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Suite	<input type="text"/>
City, State, Zip Code	<input type="text"/> <input type="text" value="MD"/> <input type="text"/>
Phone 1	<input type="text"/>
Phone 2	<input type="text"/>
Email Address	<input type="text"/>
Multiple email addresses must be separated with commas.	
Required fields marked in RED .	

Mailing/Billing Information	
Name (Last, First)	<input type="text"/> <input type="text"/>
Str # and Street	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Suite	<input type="text"/>
City, State, Zip Code	<input type="text"/> <input type="text" value="v"/> <input type="text"/>
Phone 1	<input type="text"/>
Phone 2	<input type="text"/>
Phone 3	<input type="text"/>
Phone 4	<input type="text"/>

Contact 1

Name (Last, First)	<input type="text"/>	<input type="text"/>
Str # and Street	<input type="text"/>	<input type="text"/>
Suite	<input type="text"/>	
City, State, Zip Code	<input type="text"/>	<input type="text"/>
Phone 1	<input type="text"/>	Phone 2 <input type="text"/>
Phone 3	<input type="text"/>	Phone 4 <input type="text"/>
Email Address	<input type="text"/>	

Contact 2

Name (Last, First)	<input type="text"/>	<input type="text"/>
Str # and Street	<input type="text"/>	<input type="text"/>
Suite	<input type="text"/>	
City, State, Zip Code	<input type="text"/>	<input type="text"/>
Phone 1	<input type="text"/>	Phone 2 <input type="text"/>
Phone 3	<input type="text"/>	Phone 4 <input type="text"/>
Email Address	<input type="text"/>	

Alarm Company Information


Monitored By	<input type="text"/>	<input type="text"/>	▼	←
Sold By	<input type="text"/>	<input type="text"/>	▼	
Serviced By	<input type="text"/>	<input type="text"/>	▼	←
Installed By	<input type="text"/>	<input type="text"/>	▼	←

Special Conditions

Submit

7. AFTER you review all of the information, click Submit.


8. Proceed to renew your alarm permit/registration and/or remit payment for response fees. Click Pay Online. Select invoice to pay. Click Continue.

Home Update History **Pay Online** 


Account#
Outstanding

Select one or more invoices to pay at this time.

Select	Invoice#	Charged	Owed	Letter
<input type="checkbox"/>				Renewal



No more than 10 invoices can be selected for payment at a time

Continue 

9. You will then receive the below message after selecting "Continue."
Elavon Online Payment Portal

In order to protect your online payment information, you will now be directed to the Elavon online payment portal pages. All payment information will be entered on that site, which will appear in a new window for you. Payments made through the online portal will be reflected in your account within 72 hours.

Click the continue button when ready

Continue 

10. You will be redirected to the Converge page to make your payment. Your account information will be pre-loaded into the fields. Your payment will likely display on your credit card statement as FARS-WEB.



Elavon Converge Secure Payment Gateway

FARS Online Payment

Montgomery County, Maryland

SALE

Card Information

Amount: *

Card Number: *

Expiration Date(MMY): *

Card Security Code (front 4 for Amex): *

Billing Address

Company:

First Name:

Last name:

Address1: *

Address2:

City: